State of New Mexico	nent Form C-103
FILE IN TRIPLICATE	Revised 5-27-2004
DISTRICT I 1220 South St. Francis Dr. 1625 N. French Dr., Hobbs, NM 88240 JUN 162008 Santa Fe, NM 87505	WELL API NO. 30-025-28358
DISTRICT II 1301 W Grand Ave, Artesia, NM 88210 DISTRICT III	5. Indicate Type of Lease STATE X FEE 6. State Oil & Gas Lease No.
1000 Rto Brazos Rd, Aztec, NM 87410	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (Form C-101) for such proposals.)	7. Lease Name or Unit Agreement Name South Hobbs (G/SA) Unit Section 9
Type of Well. Oil Well Gas Well Other Temporarily Abandoned	8. Well No 155
2. Name of Operator Occidental Permian Ltd.	9 OGRID No. 157984
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323	10 Pool name or Wildcat Hobbs (G/SA)
4 Well Location Unit Letter B : 1158 Feet From The North 1568	Feet From The Fast Line
11 Elevation (Show whether DF, RKB, RT GR, etc.) 3604' GL	8-E NMPM Lea County
Pit or Below-grade Tank Application or Closure Pit Type Depth of Ground Water Distance from nearest fresh water well Pit Liner Thickness mil Below-Grade Tank: Volume bbls; Construction N	
12. Check Appropriate Box to Indicate Nature of Notice, Report, o NOTICE OF INTENTION TO:	r Other Data BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING C	
PULL OR ALTER CASING Multiple Completion CASING TEST AND CEM OTHER: OTHER OTHER	ENT JOB
 Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dat proposed work) SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed 	tes, including estimated date of starting any d completion or recompletion. U 05/05/08 RDPU 05/09/08 ush remainder of CIBP down to 4294'. Drill on oper head. POOH w/bit & drill collars.
 9. RIH w/ESP equipment on 127 jts of 2-7/8" tubing. Intake set @4060'. 10. ND BOP/NU wellhead. 11. RDPU & RU. Clean location and return well to produce 	
I hereby certify that the information above is true and complete to the best of my knowledge and belief I further certificonstructed or closed according to NMOCD guidelines , a general permit or an (attached) alternation plan	
SIGNATURE TITLE Administrativ	
TYPE OR PRINT NAME Mendy(A) Johnson E-mail address: mendy johnson@oxy.com For State Use Only Image: Comparison of the state of	m TELEPHONE NO. 806-592-6280
APPROVED BY CONDITIONS OF APPROVAL IF ANY:	MENTERAL MANAGERATU N 2 7 2008
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